PHA PROCESS [Revised NOV 2003]

CFL's Responsibilities

- Have members complete PARF-Q (risk questionnaire) prior to time PHA is due.
- Print the PARF-Q (risk questionnaire) and SF 600 from PRIMS
- Include the following on the SF600: Height, weight, bodyfat % (if over standards) whether member is enrolled in remedial PRT program, and last PRT score (sat, unsat, waived, etc)
- Complete the midyear PFA risk factor screening at time of each command fitness testing. (Only refer to medical if needed.)
- Forward above forms to medical

Medical Department Responsibilities

- Arrange for a system in which to complete the PHA (birth month recall, DITS, etc)
- Review SAMS for status of PE, dental, immunizations, HIV, PAP, audio, optometry, any other occupational screenings. All must be up-to-date to fulfill annual PHA requirements. Arrange updates if necessary.
- Update DD 2766 upon completion of PHA
- Document completion of PHA in a SAMs database
- PHA's can be done by all medical providers (IDC's, Nurse practitioners, Medical Officers, PA's). When health issues are identified during the PHA (hyertension, hyperlipidemia, etc) it is the responsibility of the person doing the PHA to either complete the work-up for that particular illness, or consult the member to the appropriate specialty. Simply noting the problem without initiating treatment and assuring completion of evaluation is not acceptable.
- The member cannot participate in a command sponsored PRT program if the periodic physical exam is out of date and the annual PHA is not complete.

PHA Requirements

***All* members have the following *annual* requirements:**

- Review of cardiovascular risk factors (gender, family history, HTN, hyperlipidemia, CAD, smoking, diabetes, sedentary lifestyle, and weight). This is generally done with the annual PRT screen. Appropriate information should be documented on DD 2766.
- BP, Ht, Wt
- Review of Medical Readiness for Deployment (necessary consults are made and tracked to conclusion, EFMP is updated, pregnancy requirements reviewed)
- Immunizations reviewed and updated
- Operational risk and surveillance programs reviewed/updated (asbestos, hearing conservation, radiation health, etc)
- Pertinent counseling addressed as indicated (diet/exercise, dental health, tobacco, substance abuse, skin cancer prevention, heat injury prevention, phsyical/sexual abuse, injury prevention, suicide and violence prevention, family planning, contraceptive counseling, and STD counseling offered as appropriate, and counseling on medication and supplement use)
- **Males Only:** Testicular cancer screening should be taught/reviewed yearly to men 17-39. Those at higher risk (hx of cryptorchidism or atrophic testes) should receive individual counseling. Use of TSE handouts is encouraged
- **Females Only:** Yearly PAP smears and Chlamydia screening for all sexually active women.
  - Yearly clinical breast exam as well as instruction on BSE (BSE handouts encouraged).
  - Appropriate periodic mammogram for women over 40 with baseline mammogram at 35 for high risk women.

In addition to the above yearly requirements, the following are requirements for adults over the age of 35:

Members over 35

- **Cholesterol Screening:** every 5 years for healthy individuals (men at age 35, women at age 45), and more frequently for those with hyperlipidemia. *Members with other risk factors for heart disease should have cholesterol screening started at an earlier age (men 20-35 and women 20-45).*
- **Colorectal Screening:** Annual fecal occult blood testing for everyone over the age of 50, with no risk factors for colon cancer. You may also consider a sigmoidoscopy. Begin at age 40 for those with risk factors (personal hx of ulcerative colitis, adenomatous polyps, endometrial, ovarian, or breast CA, first degree relative with colon CA, or family hx of hereditary polyposis or nonpolyposis colorectal CA)
- **Breast Cancer Screening:** Appropriate periodic mammogram for all women over 40. Begin screening at 35 for high risk women.